

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS606HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2009
NAME OF PROVIDER OR SUPPLIER SAGUARO HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PKWY, SUITE 215 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on May 19, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>Complaint #NV000 #20925 was unsubstantiated with unrelated deficiencies cited. (See Tag H186 and H195)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanisms established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	H 00		
H186 SS=D	<p>449.797 Contents of Clinical Records</p> <p>Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to obtain a discharge summary from the acute hospital.</p>	H186		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H186	Continued From page 1 Findings include: Record review of Patient #1's file did not contain a discharge summary from the acute hospital, where Patient #1 was hospitalized prior to receiving home health care services. Interview on 5/19/09, with the Director of Professional Services (DPS) confirmed, there was no discharge summary in Patient #1's file. The DPS further revealed, the hospital did not provide the agency with a copy. Severity: 2 Scope: 1	H186			
H195 SS=D	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure a physician's telephone order was properly documented and signed by the physician. Findings include: On 5/19/09 in the afternoon, record review of Resident #1's file contained a telephone order for a PT/INR to be done on 1/25/09. The form used by Employee #3 in obtaining the telephone order was written down on a	H195			

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H195	<p>Continued From page 2</p> <p>Coordination of Care Sheet dated 1/24/09.</p> <p>The form lacked evidence of a physician's signature.</p> <p>Interview with Employee #2 on 5/19/09, revealed Employee #3 used the wrong form. Employee #3 should have used the proper form (Physician's Order/Coordination of Care) in documenting the telephone order obtained from the physician.</p> <p>Employee #2 further revealed, The Coordination of Care form did not include a physician's signature section.</p> <p>Severity: 2 Scope: 1</p>	H195			

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